

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/583617

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12	(1)			1		
13	1			1		
14	1			1		
15	1			1		
16	2			1		
17	(1)			1		
18	1		1			
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26	1			1		
27		1		1		
28		1		1		
29	(1)			1		
30	1			1		
31	1			1		
32	1			1		
33	2			1		
34	(1)			1		
35	(1)			1		
36	(1)			1		
37						
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48						
49						
50						
TOTAL IND.	3		2		0	
TOTAL DEP.	35	←	34	←	0	←
TOTAL CLAIMS	38	[REDACTED]	36	[REDACTED]	0	[REDACTED]

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.	0		0		0	
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0	[REDACTED]	0	[REDACTED]	0	[REDACTED]